

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593217 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		1			
6	1		1			
7	1		1			
8	1		1			
9	1					
10	2		1			
11	1		1			
12	1		1			
13	1					
14	2		1			
15	2		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1					
23	1					
24	1					
25	1					
26	1					
27	5					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
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49						
50						
TOTAL IND.	15	↓	9	↓		↓
TOTAL DEP.	28	←	11	←		←
TOTAL CLAIMS	43		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						